

07-25-02

GP16457#

EXPRESS MAIL NO. EV064845115US

PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

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**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	09/543,407
Filing Date	April 5, 2000
First Named Inventor	Aaron P. White
Group Art Unit	1645
Examiner Name	Vanessa L. Ford
Attorney Docket No.	920043.406

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**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input checked="" type="checkbox"/> <b>Fee Attached</b> <input checked="" type="checkbox"/> <b>Amendment/Response</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>Extension of Time Request</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Return Receipt Postcard</b> <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
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Remarks

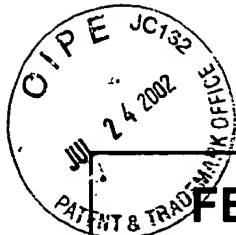
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Jeffrey C. Pepe, Ph.D. Reg. No. 46,985	 <b>00500</b> PATENT TRADEMARK OFFICE
Signature		
Date	July 23, 2002	

**CERTIFICATE OF MAILING**

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Typed or printed name		
Signature		Date:



EXPRESS MAIL NO. EV064845115US

PTO/SB/17 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 200.00

Complete if Known

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## METHOD OF PAYMENT

☒ Payment Enclosed:  
☒ Check ☐ Credit card ☐ Money Order ☐ Other

☐ Deposit Account:  
Deposit Account Number: 19-1090  
Deposit Account Name: Seed Intellectual Property Law Group PLLC

The Commissioner is authorized to (check all that apply)  
☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any deficiencies to the above-identified deposit account.

☒ Applicant claims small entity status. See 37 CFR 1.27.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

## 2. EXTRA CLAIM FEES

Total Claims		** =	Extra Claims	*	Fee from below	=	Fee Paid
Independent Claims		** =		*		=	
Multiple Dependent				*		=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	200
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 200)

## SUBMITTED BY

Name (Print/Type) Jeffrey C. Pepe, Ph.D. Registration No. Attorney/Agent 46,985

Firm Name/Address

Signature

Date

July 23, 2002



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